

Virginia Department of Social Services
Medicaid Fact Sheet #1
NURSING FACILITY ADMISSION

The following information is given as a guideline only. In order to determine Medicaid eligibility, an application must be filed with the local department of social services in the area in which you live.

If you or someone in your family needs nursing facility care and cannot afford the cost, you should apply for Medicaid at your local department of social services.

- Application for Medicaid:

A Medicaid application must be filed with the local department of social services where the person resided in Virginia prior to entering the hospital or nursing facility. If the person did not reside in Virginia prior to admission to the hospital or nursing facility, the application needs to be filed at the department of social services in the locality of Virginia where the nursing facility is located. Certain hospitals can also take the application. If an applicant cannot go to the local department of social services, an application can be mailed in.

- Eligibility Determination:

A patient's gross monthly income must be less than the monthly private rate for care in the nursing facility.

The patient's former home is not considered a resource for the patient for the first six months after admission to an acute care hospital or nursing facility. It is not considered a resource if occupied by the patient's spouse or minor dependent child, or under certain circumstances by the patient's elderly or disabled parent or adult child.

The patient's resources (cash, money in checking and savings accounts, certificates of deposit, stocks, bonds, the value of real estate other than the home or personal property) cannot exceed \$2,000. If the spouse of the institutionalized individual lives at home, see Fact Sheet #2 Resource Assessment which provides additional information regarding their resource allowance.

A patient may be ineligible for nursing facility care if he or she (spouse included) has transferred assets for less than fair market value up to 60 months before applying for Medicaid.

- Pre-Admission Screening

Pre-admission screening is the preauthorization of Medicaid payment for covered nursing facility services. A nurse from the local health department and a service worker from the local department of social services visit the patient at home to assess if the person is in need of nursing care. This information is given to the local Health Department Director and a decision is made as to whether or not nursing care is necessary and most cost efficient.

The pre-admission screening process may be completed by a hospital screening committee if the person is a patient in an acute care hospital at the time nursing facility placement takes place.

- Medicaid Provider

The nursing facility must be a Medicaid provider. The patient must also be in a Medicaid certified bed.

- Patient Pay

The patient will have to pay a portion of the cost of nursing facility care. The amount is based on his or her total monthly income with allowances made for some expenses such as personal needs (\$30/mo.), the cost of medical insurance, and the amount needed for the maintenance needs of a spouse or minor dependent child in the community.

MEDICAID FACT SHEET #1 NURSING FACILITY ADMISSION

FORM NUMBER - 032-03-825/2

PURPOSE OF FORM - To provide information about Medicaid eligibility for nursing facility care.

USE OF FORM - Local agency workers will distribute this form to individuals inquiring about assistance for nursing facility care.

NUMBER OF COPIES - One

DISPOSITION OF FORM - One per inquirer.

INSTRUCTIONS FOR PREPARATION OF FORM - To print this form, first print position should be 6, line spacing should be 6, and pitch should be 10. The form does not require the addition of any information by the eligibility worker.